



DEPARTMENT OF HEALTH & HUMAN SERVICES

Health Care Financing Administration
Center for Medicaid and State Operations
7500 Security Boulevard
Baltimore, MD 21244-1850

JUL 27, 1999

Mr. Charles M. Palmer, Director
Iowa Department of Human Services
Hoover State Office Building
Des Moines, Iowa 50319-0114

Dear Mr. Palmer:

I am pleased to inform you that your request for a new home and community-based waiver for adults with physical disabilities as authorized under section 1915(c) of the Social Security Act has been approved. Specifically, this waiver will provide consumer directed attendant care, home and vehicle modification, specialized medical equipment and supplies, personal emergency response systems, and transportation to adults ages 18 through 64 who are physically disabled and who would otherwise required institutionalization in a nursing facility. This waiver has been assigned control number 0345 which should be referenced in all future correspondence relating to this program.

Based on the assurances and additional information you provided, I approve the waiver request cited above for a 3-year period effective August 1, 1999, as requested by the State. With a satisfactory showing, the waiver will be renewed at the end of the 3-year period. The following estimates of unduplicated recipients and the average per capita cost of waiver services have been approved.

<u>Year</u>	<u>Unduplicated Recipients</u>	<u>Factor D</u>
1	100	\$6430.00
2	120	\$6,751.00
3	144	\$7,089.00

This approval is subject to your agreement to serve no more individuals than those indicated above.

Sincerely yours,

Sally Richardson
Director
Center for Medicaid and State Operations

cc: Kansas City Regional Office